



FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

MARCH/APRIL 2001 Vol. 10 No2

Dear Friends,

The good news and the sad news as we begin 2001:

More holes have appeared in the notion of "dissociative amnesia" as it has been understood in the recovered memory movement, i.e. *the belief that people can repress and then later accurately recover memories of a traumatic experience*. As reported on page 3, Mikkel Borch-Jacobsen has painstakingly researched the origin of this concept and found it based on speculation—not on any data. He writes: "We witness here the birth of a true psychiatric myth, fated to a grand future: the *patient is entirely ignorant of the trauma that caused his symptoms*." What began as mere speculation in a footnote by Charcot became, "from doctor to patient and patient to doctor, an irresistible, self-propagating machine and a powerful cultural myth. That is to say, a new reality. That is to say, for many, a destiny."

Another hole comes from a critique of a paper supposedly providing the evidence of the existence of "dissociative amnesia." August Piper, Jr. and colleagues convincingly point out the flaws in both the arguments and the evidence presented. Readers will likely find it deeply disturbing to see the misrepresentation of scientific studies made by some proponents of "dissociative amnesia," as documented in the table on page 7.

These two works, when added to the historical studies of Pope et al. and the lack of support from laboratory studies, should make it increasingly difficult for people to continue clinging to the hypothesis that "dissociative amnesia" is scientifically proved rather than a *belief*.

Informed consent was the subject of the lead article in the January *American Journal of Psychiatry*. (See page 4.) In it, Beahrs and Gutheil write convincingly of the need for informed consent and call upon the therapeutic community to become involved in deciding what such consent should look like. Much of what appears in this article will seem familiar to readers of this newsletter, but it is encouraging to see these ideas appear in a leading journal for psychiatrists.

For those whose concerns involve younger children, there is good news. (See page 4.) First, a survey from the Department of Justice has found the number of substantiat-

ed sexual abuse cases has declined by 31 percent since 1992. Second, a study has been conducted by the state of Washington (Berliner & Lieb) showing that the best way to document interviews with children is by use of a tape recorder. Perhaps these studies along with more exacting definitions may lead to a more accurate picture of the sexual-abuse problem.

A bill passed the Colorado House in February that would outlaw the therapy technique known as "rebirthing" as it has been used in attachment therapy for children. The motivation for this was the death of a child, but the notion of rebirthing has also been found in some recovered-memory therapy practices. It appears that because the professional organizations have not reigned in outlandish therapies, legislatures will attempt to do that job.

Jack Quattrocchi received some good news in February: he will not need to have another court trial. (See pages 6 and 12.) Quattrocchi, a lawyer, was released from prison in 1996 by the Rhode Island Supreme Court, that ordered that he have a pretrial Gatekeeping (Daubert) hearing to determine the reliability and validity of recovered-memory evidence. The judge at the pretrial hearing found that the state did not meet its burden in proving the reliability of repressed recollection and its admissibility as scientific evidence. After a decade, Mr. Quattrocchi can get on with his life.

But Quattrocchi, as others who have been wrongly imprisoned in the past decade, may find it difficult to hold anyone accountable. Kelly Michaels, the nursery school teacher in the Wee Care case who was imprisoned for five years, went as far as the U.S. Supreme Court in her efforts to get past the immunity that prosecutors have. The Court did not hear her civil rights case. (See page 5.) Michaels, however, still has a \$10 million civil case for damages in

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The next issue will be combined May/June

New Jersey, but several articles have reported that she would settle for an apology.

Unfortunately, recovered-memory therapy continues, although sometimes by a different name. Martin and Deidre Bobgan wrote to alert us of the danger of "Theophastic Counseling," one of the fastest spreading techniques in church counseling. (See page 12.) Although church counseling was always a sizable proportion of the problem, it appears to be an increasing percentage. This may be due in part because licensed professionals have been given guidelines about the danger of creating false memories and that may have tempered use of memory excavation techniques. It is ironic that Theophastic Counseling, which emphasizes the search for memories, is spreading at the very time that a publication such as the Nov/Dec '00 *Church Law and Tax Report* is strongly advising churches of their liability for it. (See sidebar on page 11.)

Some FMS situations have happy endings. Unfortunately, too many do not. In "Letter from Ohio" (page 10) you will read about a daughter who returned only to find that her father had Alzheimer's and didn't recognize her. In Dave Scheiber's moving article "A Full Life Ends With Rift Unresolved" on page 8, you will learn about the life of Irene Miller, the person who recently told her story to the *St. Petersburg Times* that we wrote about in the last issue. Although the article is a beautiful tribute to a fine woman, Irene's story does not have a happy ending. The last letter in this issue from "A disappointed father" gives insight into why some people have decided to make no more overtures.

It is imperative that we continue to do all that we can to change this situation. We must try even harder to find ways to help families reconcile—while they still can. We might not accomplish all that we want, but we must make that important effort. The Foundation will be asking for your help in this. On March 15, we will be mailing a one-page survey update, the first step in a reconciliation research project that is described below. Please help us in this effort. It's something only you can do. Thank you for your support.

Pamela

Family Survey Update 2001

Those who were able to attend the Westchester conference last April may recall that Drs. Lief and McHugh both spoke to the need for research in family reconciliation. The purpose of the research would be eventually to help facilitate the rehabilitation of families torn apart by FMS. Thanks to a gift from Marion and Chris Koronakos, The Foundation can start making the Lief/McHugh ideas concrete.

In January, FMSF Staff and Chris Koronakos, Ph.D. met with Drs. Lief and McHugh. We agreed that the first step is to identify families that are in various stages of the

reconciliation process. For this purpose, we have delineated three different categories: the "refuser," the "returner" and the "retractor." Some accusing offspring simply refuse to agree that their memories are false and they refuse to have contact with anyone who challenges their opinion. These are the **refusers**. Some people return to the family but do not retract. They may discuss the accusation, but often there is a "deafening silence" as the central issue in the family seems to be out of bounds for discussion. These are the **returners**. Finally, we know of many who return to the family acknowledging that the accusations were false and seek to reestablish meaningful family relationships. These we call **retractors**. We recognize that over time people may move from one category to another.

This survey is the first step. It will give us some important general information about the status of families, but we also expect that it will help us to identify some families that may be contacted again for more in-depth interviews. As is standard practice in good research studies, all data will be numerically coded and names will be removed from the questionnaire.

The last family survey update that FMSF did was in early 1997. At that time we learned that 25% of the families who returned the survey thought that they had a "returner" in the family and 7% of the families said they had a retractor. Have those percentages changed?

There is no other organization that is in touch with so many families entrapped by the false memory syndrome. Because of the good will of families, we are able to gather information broadly on matters that can lead to our better understanding of the causes and resolution of this family tragedy. There is no other group that can do this work.

We know how difficult it can be to complete a questionnaire about matters you might rather not think about, but in this case every reply is very important to the integrity of the study. Indeed, it is one way in which every family who has contacted the Foundation can make a contribution to helping others as well as themselves. We would not ask you to do this if we did not actively need your personal help.

We expect to mail the surveys on March 15th. Please be on the lookout.

Thank you,

Ad Hoc Committee on Family Reconciliation Research

special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Janet Fetkewicz, Howard Fishman, Peter Freyd. *Columnists:* August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

Aaron Beck Awarded \$250,000

Aaron Beck, M.D. has been awarded the \$250,000 Heinz award for his work in treating psychiatric disorders. The award honors individuals who have developed and implemented innovative programs in the health care field. Dr. Beck, a member of the FMSF Scientific Advisory Board, is Professor Emeritus of Psychiatry at the University of Pennsylvania.

Beck is noted as the developer of cognitive therapy, one of the most widely respected techniques in psychotherapy. Cognitive therapy is probably "the most empirically validated in the world," noted a colleague.

Explaining how he conceived of cognitive therapy, Dr. Beck noted: "I discovered that depressed patients systematically biased their interpretations of their experiences so they saw their past and future very negatively and would feel bad and lose any motivation to do anything that might make them feel better." Cognitive therapy "consisted of getting them to examine their interpretations and to look for alternative interpretations."

Shankar Vedantam, "Area psychiatrist wins \$250,000 Heinz Award," *Philadelphia Inquirer*, Feb 5, 2001.



Birth of a Psychiatric Myth

How to Predict the Past:

From Trauma to Repression

Mikkel Borch-Jacobsen

History of Psychiatry, xi (2000), 015-035.

Mikkel Borch-Jacobsen examines how the meaning of the word "trauma," as a description of physical wounds, changed to mean psychic wounds. Of importance to the current memory debates, he carefully documents the genesis and development of the controversial notion of "post-traumatic amnesia."

Borch-Jacobsen notes that Charcot did the ground work for "all the elements of the new 'traumatico-dissocia-

tive' theory of neuroses that was to be taken up and developed by Janet, Breuer, and Freud." But he asks if the theory is valid. He writes "Charcot's success in artificially reproducing paralyzes that originally appeared 'spontaneously' after a trauma proves only that his patients bent themselves to his suggestions, not that the spontaneous paralyzes were due to a 'dissociation of the ego' identical to that provoked under hypnosis. Supposing (a hardly fantastic hypothesis) that Charcot had a theory that attributed post-traumatic hysterical paralyzes to the hidden influence of magnets, he could most certainly have artificially reproduced those paralyzes by applying magnets to his patients. Would this have proved that the spontaneous post-traumatic paralyzes were caused by magnets?"

Borch-Jacobsen is highly critical of Charcot's case examples. When Charcot wrote "this [amnesia] is almost always the rule in grand nervous shocks," he notes that Charcot really did not have any examples on which to base that. The cases of traumatic hysteria or neurasthenia that Charcot had presented up until then reveal that even if some of them lost consciousness at the moment of the shock, not one presented a true amnesia of the accident. "Charcot unduly generalized his theory to the detriment of his clinical material."

Borch-Jacobsen notes the remarkable speed with which that ad hoc hypothesis crystallized into a dogma, creating a new expectation shared by the doctors and their patients. He writes:

"We witness here the birth of a true psychiatric myth, fated to a grand future: *the patient is entirely ignorant of the trauma that caused his symptoms*. We must therefore distrust his memory, force it in order to recover the subconscious 'fixed idea' (Janet), the unconscious 'reminiscence' (Breuer and Freud)."

Borch-Jacobsen observes that:

"There are manifestly two ways to interpret this sudden deluge of traumatic memories. One might—and this is the first, most common way of looking at this—see it as a striking confirmation of Charcot's theory of 'traumatic hysteria... but one might also think, conversely, that these astonishing reminiscences were the effect of that theory advanced by Charcot: the more his followers searched for forgotten traumatic memories, the more they found."

"Charcot's first patients, in conformity with the popular theory of the time, attributed their symptoms to an accident of which they retained a very vivid memory. The patients of Janet and Freud quickly learned that what was expected of them was forgotten traumas... The therapists' expectations, their leading questions, their hypnotic rituals were quite sufficient to persuade their patients to search always further in their memory for the cause of their illness."

"Charcot's theory had introduced new expectations, which in turn created new symptomatic behaviors, new therapeutic rituals, new ways of interpreting reality."

"What began as mere speculation by Charcot in a footnote became, from doctor to patient and patient to doctor, an irresistible, self-propagating machine and a powerful cultural myth. That is to say, a new reality. That is to say, for many, a destiny."



"Simple suspicion is enough to have a woman branded a witch. Sometimes her only crime is that her face appears to someone in a dream, someone dies, or sickness or bad luck befalls the community. Sometimes the real reason is envy or spite."

Ann M. Simmons

"Groups Seek to Aid Women Sent to Ghana's Witch Camps"
Los Angeles Times, Dec. 24, 2000

Child Sexual Abuse Cases Decline

Lisa Jones and David Finkelhor
"The Decline in Child Sexual Abuse Cases" *Office of Juvenile Justice and Delinquency Prevention Bulletin*, Jan. 2001.

According to a new report from the U.S. Department of Justice, there has been a 31 percent decline in substantiated child sex abuse cases from 1992 (149,800 cases) to 1998 (103,600 cases). There has also been a 26-percent drop in the number of reported cases from 429,000 cases in 1991 to 315,400 cases in 1998.

It is not known why there has been a decrease. The authors suggest that it may be in part related to recent declines in other kinds of crime and a result of two decades of prevention education, more aggressive case finding and prosecution, and the incarceration and treatment of many offenders. It may also be due to changes in attitudes, policies or standards such that the public and professionals have become more conservative in the identification of possible signs of sexual abuse.

"The Decline in Child Sexual Abuse Cases" is available on-line at <http://ojjdp.ncjrs.org/pubs/new.html>

True but Not False Memories Produce a Sensory Signature in Human Lateralized Brain Potentials

Fabiani, M., Stadler, M. & Wessels, P.
Journal of Cognitive Neuroscience, 941, Nov. 2000.

This paper reports that brain activity differs when true and false memories are retrieved. The researchers created false memories in volunteers and studied their brain waves as they did so. They created false memories by using techniques developed by Roediger and McDermott (1995). Fabiani et al. had subjects study lists of words related to a key concept such as sleep. The lists might include *bed*, *rest*, and *tired* but not the concept word

sleep. The researchers found that subjects remembered things wrong as often as they did correctly. Subjects not only "remembered" the key word (that was not presented) they also "remembered" the situation in which they believed they had heard it. Fabiani et al. found that there was sensory-related brain activity associated with true memories when participants recalled words, but false memories showed different patterns of electrical activity.

When Knowing Becomes Remembering: Individual Differences in Susceptibility to Suggestion

Paddock, J. R. et al.
Journal of Genetic Psychology 453-368 Dec. 2000.

In two experiments, the authors explored factors that might influence a person's tendency to make source-monitoring errors about autobiographical memories. Results of the first experiment, a replication of Hyman et al. (1998), showed the effect "guided visualizations" can have on memory. The second experiment showed that extroversion, external locus of control, a memory that conveyed fear, and overall affective content predicted individual differences in this effect of guided imagery.

Child Sexual Abuse Investigations: Testing Documentation Methods

Berliner, L. with Lieb, R.
Washington State Institute for Public Policy, Jan. 2001.

This study shows that audio taping interviews with child sexual abuse victims is the best way to get their stories straight. Audio taping is easier and provides a more accurate account than near-verbatim note taking. The institute studied 92 interviews from Jan 1 through Oct 31, 2000 and compared near-verbatim note taking, audio recording, and videotaping. Audio recording is the most cost-effective, efficient and reliable method of docu-

mentation. Videotaping was more expensive, cameras are less portable and they bothered some children.

Informed Consent in Psychotherapy

Beahrs, J.O. & Gutheil, T.G.
American Journal of Psychiatry, Jan. 2001.

This important paper by two of psychiatry's respected practitioners appears in a major psychiatric journal. As such, it should lay to rest further discussion on *whether* there should be "informed consent" in psychotherapy. Rather the questions are now *what* should constitute informed consent and *how* should it be presented so that it will enhance the therapy process. We quote the authors' conclusions:

In summary, informed consent is now recommended for psychotherapy, just as it is for any other medical and surgical procedures and for the same reasons. Its content depends primarily on what is material to clients' decisions. Consent always includes basic parameters of the treatment contract. Clients should be informed about the relative efficacy, efficiency, and safety of the recommended treatment and its primary alternatives as well as the likely consequences of no treatment. Patients should understand these parameters and be competent to give informed consent.

Much of the question of just what constitutes sufficient and appropriate informed consent remains unresolved. This fact gives the psychotherapy profession considerable latitude in helping to shape a still unfolding process. Wherever the informed consent process is potentially problematic, as in the risks of a legalistic climate, this malleability confers both the opportunity and the obligation on us psychotherapists to do all that we can so that the emergent doctrines will be maximally therapeutic for our clients, foster a salutary climate for our practice, and serve a constructive role in helping to shape society.

Kelly Michaels Loses Appeal

Michaels v McGrath et al 00-361 Sup. Ct. of U.S. 2001 U.S. Lexis 646, Jan 16, 2001, Decided

Kelly Michaels lost her appeal to the U.S. Supreme Court requesting the right to sue those who investigated and prosecuted her. The court rejected her argument that officials violated her constitutional rights by using unreliable evidence that resulted from improper interviews of the alleged victims.

Justice Clarence Thomas voted to hear the Michaels' appeal, noting that the lower court ruling "leaves victims of egregious prosecutorial misconduct without a remedy."

Kelly Michaels served 5 years in prison, 18 months of which was in solitary confinement. She was convicted of child abuse in the day-care frenzy of the late 1980s^[1] and was freed when a NJ appellate court reversed her conviction in 1993 on the grounds that the investigative techniques were improper.^[2] Michaels, in a civil rights case, sued the prosecutor, state investigators and a psychologist hired by the prosecutor in 1996. A U.S. district Judge decided that the officials she was suing were entitled to immunity.^[3] A 3rd U.S. Circuit Court of Appeals upheld that ruling last June.^[4]

Michaels still has a case in New Jersey seeking damages under common law. That case was remanded by a federal judge back to Superior Court where it could go to trial later this year. Michaels is seeking \$10 million in damages but she has said that she would settle for an apology.

Michaels is now a homemaker and has three children. She is writing a book about her case.

1. State v Michaels, 264 N.J. Super. 579, 591, 625 A.2d 489, 495 (1993).

2. id. At 620-635, 265 A. 2d, at 510-519.

3. Michaels v New Jersey, F. Sup. 2d 353 (NJ 1999) affirmed by third circuit 222 F.3d 118 (2000).

4. 222 F.3d 118 (2000).

"Sex Offender's Case Denied in Court," *Find Law Legal News*, Jan. 17, 2001

John Chadwick, "Day-care nightmare haunts her still," *The Record*, Feb. 18, 2001

Brother Sues Sister for Defamation

Donnelly v Bruchak No. C0048CV2000008394 Northampton County Civil Court, Easton, PA Nov 1, 2000

Michael Donnelly of New York City filed a lawsuit against his sister, Eileen Donnelly Bruchak of Bethlehem, PA for slander, libel and defamation of character.

Bruchak, a guidance counselor at a Parkland elementary school in Allentown, PA, accused Donnelly of sexually abusing her in the 1970s. Bruchak informed several friends and family members about her "recovered memories," caus-

ing other family members to terminate contact with Donnelly.

Bruchak informed her brother of the allegations in a certified letter in September 2000. When Donnelly replied by suggesting that they try to resolve the issue with the help of a therapist or priest, Bruchak went to the Pennsylvania State Police and filed a complaint against Donnelly for "harassment."

The harassment case was docketed on December 5, 2000. Magistrate Elmo L. Frey, Jr., District Court Judge in Nazareth, PA, suggested to both parties that the charges be dropped after 90 days if there is no correspondence or contact during that period. Both parties agreed to that proposal.

Donnelly stated that he hopes to learn the precise nature and the genesis of the allegations through court depositions. He said that he hopes to reconcile with his sister and that he fully expects to pursue legal action against his sister's therapist.



MPD Therapist Examined by Tennessee Psychology Board

The Tennessee Board of Examiners in Psychology on February 15 began a hearing on more than two dozen conduct charges against Terry B. Davis, a therapist who specializes in treating dissociative identity disorders (formerly called multiple personality disorder).

Davis told the board that she has treated between 200 and 250 patients with dissociative disorders out of the 1,000 to 1,500 patients she has seen in her career.

One former patient identified as "P1" said that she believed that Davis had planted false memories of sexual abuse by her father during hypnosis sessions. P1 said that there was no way to convince Davis that this was not true. P1 stated when she protested, "I was told I was running away and that [the false memories] were true." P1 claimed that Davis "told me that my father had been involved in satanic rituals and that demons were in control, and that apparently one of these demons came to the surface." The patient said that Davis tried to perform an exorcism of her demons.

Debbie Mathis, another former patient, had entered therapy for depression. Mathis said that she could never find the memories Davis insisted she had repressed. "People would be crawling in corners, humped over all of a sudden, talking in baby talk. I didn't have any hidden memories. I could always remember everything."

Ms. Davis is represented by Ken Weber of Nashville who maintains that the state will not be able to provide proof of its charges.

Mickie Anderson, "Patient tells of exorcism attempt: State examines doctor conduct charges," (Feb 12, 2001) and "Psychologist faces hearing on charges of misconduct" (Dec 31, 2000) *The Commercial Appeal*.



Update of cases we have followed:
State of R.I. v Quattrocchi, Sup Ct.,
P1/92-3759, Filed: Jan 19, 2001

In 1994 John Quattrocchi was found guilty of sexual abuse and sentenced to prison. In 1996 the RI Supreme Court overturned his conviction and granted him a new trial saying that he should have a "Gatekeeping (Daubert) hearing"¹ In 1999, Judge Clifton rendered a 31-page decision in which he found that the State had not carried its burden of proof that recovered memory therapy was scientific. He also ruled that the therapy the complainant received was unreliable. The prosecutors asked the Court to reconsider this decision. In 2001, Judge Clifton wrote in his clarification:

"Ultimately, this court determined that the State had failed to meet its burden in proving the reliability of repressed recollection and its admissibility as scientific evidence."

This case is finally over.

1. State v. Quattrocchi, 681 A.2d 879 (R.I. 1996).
See FMSF Newsletters Sept. 96; June 99.

"This case demonstrates clearly that the health care system needs to do a much better job of protecting the public from incompetent and dangerous psychotherapy quacks."

Christopher Barden, J.D., Ph.D.
Comments about the 4th largest jury verdict in a psychotherapy malpractice case, Drummond v. Dudley, Washington.

(The three largest awards were all recovered memory cases. Drummond was not.)

**Largest Jury Awards for
Psychotherapy Negligence.**

\$5.80 million (TX)
Carl v. Keraga
\$2.67 million (MN)
Hamanne v. Humenansky
\$2.54 million (MN)
Carlson v. Humenansky
\$2.1 million (WA)
Drummond v. Dudley

**Discipline Hearing by
College of Physicians**

Prosecutors for the disciplinary committee of the College of Physicians and Surgeons in Ontario alleged that Dr. Raymond Danny Leibl misdiagnosed a former patient as having multiple personality disorder and was planting memories of sexual abuse that were not there. According to the charges, Dr. Leibl tried to "re-parent" this patient by feeding her from a baby bottle and having her call him daddy. Dr. Leibl allegedly carried out a mock funeral for the patient's parents and then installed himself as the ideal parent and even took her on a trip to Florida where they slept in the same bed.

Chris Eby, "Psychiatrist fed me with baby bottle: Ex-patient claims sexual misconduct: Women say doctor drugged them with vodka sedatives," *National Post*, Feb. 6, 2001.

**Colorado Bill Would Outlaw
'Rebirthing Therapy'**

A Colorado bill that would outlaw the controversial therapy known as "rebirthing" passed the legislature in February. In HB 1238, rebirthing is defined as "the re-enactment of the birthing process through psychodrama techniques, including, but not limited to, physical restraint creating a situation in which a patient may suffocate." The bill would make rebirthing a misdemeanor punishable by up to six months in jail or a fine of \$50 to \$750.

The motivation for the Colorado bill was the tragic death of 10-year-old Candace Newmaker last year. (See FMSF Newsletter 9 (4) Jul/Aug 2000.) Candace's adoptive mother believed that the girl suffered from attachment disorder, an inability to bond with her caretaker. She took Candace to Colorado therapists who believed that recreating the birth process would heal her trauma and help her to become more loving to her mother. Testifying in support of the bill was Jaye Bartha,

a retractor who has written several articles for this newsletter. (See FMSF Newsletter 9 (5) Sept/Oct, 2000.)

Rebirthing therapy was shown on the 1995 Frontline documentary about recovered memory therapy, "Divided Memories."

"Men, it has been well said, think in herds; it will be seen that they go mad in herds, while they only recover their senses slowly, and one by one."

Charles Mackay,
*Extraordinary Popular Delusions and
the Madness of Crowds*. 1852

**Custer's Last Stand: Brown,
Schefflin, and Whitfield's Latest
Attempt to Salvage "Dissociative
Amnesia"**

Piper, A., Pope, H., and Borowieck, III
Journal of Psychiatry & Law, 28
Summer 2000, 149-213.

The belief that people can repress and then later accurately recover memories of a traumatic experience has been central to the recovered-memory controversy. The authors of this paper examine the arguments given by Brown, Schefflin and Whitfield¹ in defense of the theory of "dissociative amnesia." Supporters of this theory have presented lists of studies that they claim provide evidence for the theory. However, both their arguments and their interpretations of scientific studies are deeply flawed. This important paper provides specific evidence of many of the flaws in the arguments and in the interpretation of studies used to support the arguments. On the next page we reprint one chart from the paper that is an example of one type of flaw. The authors conclude, "on the basis of currently available evidence, neither science nor the courts can responsibly accept repression as a valid entity."

1. Brown, Schefflin and Whitfield, "Recovered memories: The current weight of the evidence in science and in the courts," *Journal of Psychiatry & Law*, 27 (1999): 5-156.

Studies alleged by Brown, Schefflin and Whitfield to provide evidence of dissociative amnesia: claims of Brown et al. vs. actual information from original papers from Piper et al., "Custer's Last Stand..." *J. Psychiatry & Law*, 28

Paper	BSW Statement (all from p 28 of their article)	Truth
Cardena & Spiegel 1993	"Although Cardena and Spiegel say that 'neither partial or full amnesia for the traumatic event was frequently reported,' they did find it in about 3%-5% of subjects in the 'severely affected group.'"	No such statement exists, either on page 476 or elsewhere in the paper. The only remotely similar statement in the paper is that "some <i>anecdotal</i> accounts that were given to the first author by a <i>different</i> group of more severely affected individuals suggest that <i>partial</i> forms of amnesia <i>may</i> have occurred...(p. 476, italics ours).
Dollinger 1986	"Two of 38 lightning victims suffered amnesia for the event."	BSW fail to mention that the two amnesic boys were "side-flash victims" who "suffered medical complications." Thus, these boys in effect received an electroconvulsive treatment from lightning—and ECT has been known for more than a half-century to cause simple biological amnesia, as discussed by Pope et al.
Escobar et al. 1992	"Flash flood survivors suffered a variety of symptoms, including amnesia, paralysis, and fainting spells."	Although amnesia is mentioned generically as one of several "pseudoneurological" symptoms assessed, the authors do not state, nor present any evidence, that any subject actually forgot the flash flood.
Green et al. 1991	"Reported that 7% of the children showing PTSD symptoms following a flood disaster were unable to recall parts of what happened to them."	BSW fail to mention that some children were as little as 2 years old at the time of the flood—and hence almost certain to experience childhood amnesia, as discussed by Pope et al. in the original review.
Realmuto et al. 1991	"Amnesia was reported significantly more often in the victims relative to a control group."	No such statement appears anywhere in the actual article. The only similar statement in the article is that "a subgroup of avoidance symptoms—amnesia, disinterest and detachment—was very powerful in differentiating the site victims from control subjects" (p. 473). The authors do not state, nor present any evidence, that any subject actually forgot the pipeline disaster.
Najarian et al. 1996	"A total of 32% of the older children who directly experienced the Armenian earthquake suffered amnesia."	Although "psychogenic amnesia" is listed in Table 2 of the paper, BSW fail to mention that this interview item was also endorsed by 68% of 25 comparison children who were not exposed to the trauma! BSW also fail to state that 49 of the 50 children had symptoms of "reexperiencing" the earthquake, including "intrusive recollections" in 46 of the 49. There is no statement nor any evidence that any child forgot the earthquake.
Krell 1993	"Some child survivors of the nazi holocaust 'continued to struggle with memories, whether there is too much of it, or too little.'"	BSW fail to mention that the author's quote refers primarily to young children who lost parents to the Holocaust when very young, and hence had only a few early childhood memories of parents. No statement is made nor evidence provided that any subject forgot his involvement in the Holocaust, as discussed by Pope et al.
Stom et al. 1962	"'Loss of memory' or 'failing memory' was found in 78% of Norwegian camp survivors."	The paper never states that "loss of memory" was found in 78% of cases. Although "failing memory" was reported in 78%, BSW fail to mention that 96% of subjects tested had an "organic pattern" on neuropsychological testing, 92% had neurological symptoms, and 90% had abnormalities in cerebrospinal fluid, electroencephalogram and/or pneumoencephalogram.
Weine et al. 1995	"20% of Bosnian refugees suffered amnesia."	This 20% represents only 4 subjects, 3 of whom were scored as having amnesia "once a week or less, a little bit, once in a while," and only 1 as having amnesia "2-4 times per week, somewhat," or greater. No subject is described as having continuous amnesia for the experience of ethnic cleansing.

A Full Life Ends With Rift Unresolved

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Dave Scheiber

January 14, 2001, Sunday, South Pinellas
Edition, *Floridian* p. 1

Copyright St. Petersburg Times, 2001.

A St. Petersburg activist and actor, who denied her older son's accusations of abuse, died on Jan. 6. Her son hadn't changed his story but did apologize for causing her pain.

She lived the past four years beneath a cloud of sadness, knowing there was nothing she could do to push away the pain.

The older of her two adult sons accused her in 1997 of sexually abusing him as a young child, even though he acknowledged he could not remember what happened. He expressed his rage at her—and she vehemently maintained her innocence—in a series of e-mails they exchanged in the ensuing years.

The Times wrote about this situation on November 26 in a story headlined "Sins of the Mother?" Using excerpts of the e-mails she provided, the piece also examined the heated issue of recovered memory therapy.

On January 6, the mother featured in the story died of complications from cancer.

She had asked to remain anonymous. But in the wake of her death, her family has given permission for her identity to be revealed.

She was a 71-year-old St. Petersburg resident named Irene Miller. She filled her life with many career pursuits, creative endeavors and good friends—nearly 100 of whom gathered for a sunset memorial Friday at Fort DeSoto Park.

Ms. Miller served as president of the Pinellas County American Civil Liberties Union, was a member and past president of the Unitarian Universalist Fellowship and worked for the Pinellas County school system

as a counselor at Lakewood High.

She kept equally busy with personal projects. She was a founder of the Liberty Fife and Drum Corps. She was also active in local theater, writing and acting in one-woman shows about Margaret Sanger and Susan B. Anthony, and starring in *Lysistrata*.

"My mother embodied gracefulness," said her younger son, Hugh Miller, 42, of Seattle, who has maintained his belief in her innocence. "She had to handle so much, and she did it with natural elegance."

The Times' story focused on the relationship between Ms. Miller and her son Chris, of Portland, Oregon. Four years ago he sent her a letter saying, "When I was a kid, too much happened that I got p--- off about and am still p--- off about." He later explained that he had fleeting memories of his mother sexually abusing him.

Ms. Miller was shocked and heartbroken. Her former husband and younger son supported her in saying no abuse ever occurred.

The story explored a widely discredited form of psychotherapy that used suggestion to implant "memories" of childhood abuse at the hands of parents. Chris Miller said he became aware of the alleged abuse through therapy but said the therapy had nothing to do with the recovered memory approach.

Ms. Miller had requested anonymity for several reasons. For one, she feared, as an ACLU leader, that being named could bring negative press to the organization.

"My mom was very worried about that—she did not want to do anything to cause problems for the ACLU," Miller said. "But she was always a courageous and honest woman; I know she would want people to know about this now."

Ms. Miller had confided her concerns to state ACLU leaders and received their full sympathy and support. "I will miss her terribly," said

state ACLU president Howard Simon, one of the last people to speak to her. "She was a very, very warm person, with an impish twinkle in her eye for issues involving social justice, civil liberties and life."

Ms. Miller was held in similarly high esteem by the False Memory Syndrome Foundation, a Philadelphia support group for accused parents.

"It was such a magnificent and brave gesture that she told her story when she was so ill," said foundation director Pamela Freyd. "Her thoughts were to help as many families as she possibly could." As a result, Freyd says, her group was contacted by some 15 parents struggling through similar situations.

Few people knew Ms. Miller better than Alan Nelson, 76, a retired Air Force pilot and her longtime friend. He helped her found the Liberty Fife and Drum Corps, after they took a trip to Williamsburg, Va. "I'll always remember the joy she got from carrying the Betsy Ross flag in parades," he says.

Ms. Miller learned of her cancer in October, when a rare type of tumor was discovered in her lower abdomen. But she remained upbeat through surgery and chemotherapy. She collected whimsical phrases to "tell" the cancer ("Your services are no longer needed"; "This tummy ain't big enough for the two of us"; "Out, damned lumps"). At first, the prognosis was hopeful, and she wrote:

"I'm having a wonderful feeling of my life coming back together. The staples were removed and it's been such a beautiful day."

In November, her condition took a turn for the worse. She wrote in an e-mail: "It seems I have an aggressive, fast-growing tumor. . . . I choose to remain optimistic, to try to figure out how I'd like to spend my time—no matter how much time I have."

She also continued to cope with the lingering hurt from the loss of her relationship with her oldest son, his

wife and their young son—her only grandchild.

"I saw the effect that had on her - not even being able to see her only grandchild, not being able to send him a gift," Nelson said. "That just tore her up."

Still, according to Hugh Miller, one of his mother's greatest concerns while she fought the cancer in recent months was that Chris not feel he was responsible for her illness.

Miller said he e-mailed his older brother days before their mother died, telling him of her grave condition. He has not heard back, nor did his brother comment when contacted by the *Times*.

Last month, however, Ms. Miller received a letter from him. She mailed it to her younger son to open, feeling too weak to handle an attack. Hugh Miller called her to read a passage from it.

"(He) said he opened it and thought I would like to hear the first paragraph," she wrote to a reporter. "'Dear Mom, I know that some of my actions in the last few years have been hurtful, so I wanted to say that I am sorry for causing pain, especially to people I love, like you. I know what pain is like and I don't like to be a carrier. My sincerest apologies.'"

The letter then veered into a less upbeat tone. She knew it was doubtful she would live to see a resolution. But the glimmer of hope gave her comfort.

"This does mean a lot to me. He addressed me 'Dear Mom' and also signed it 'Love, Chris.' And he included the phrase about people he loves. I'm so grateful for that.

"Maybe someday! Maybe someday ..."



**"Recovered Memories:
Are They Reliable?"**

**FREE. Call or write the FMS
Foundation for pamphlets. Be sure to
include your address and the number
of pamphlets you need.**

On the Death of Peggy McMartin Buckey

"When you once believed something that now strikes you as absurd, even unhinged, it can be almost impossible to summon that feeling of credulity again. Maybe that is why it is easier for most of us to forget, rather than to try and explain, the Satanic-abuse scare that gripped this country in the early 90s — the myth that Devil-worshippers had set up shop in our day-care centers, where their clever adepts were raping and sodomizing children, practicing ritual sacrifice, shedding their clothes, drinking blood and eating feces, all unnoticed by parents, neighbors and the authorities."

"Of course, if you were one of the dozens of people prosecuted in these cases, one of those who spent years in jails and prisons on wildly implausible charges, one of those separated from your own children, forgetting would not be an option. You would spend the rest of your life wondering what hit you, what cleaved your life into the before and the after, the daylight and the nightmare. And this would be your constant preoccupation even if you were eventually exonerated — perhaps especially then. For if most people no longer believed in your diabolical guilt, why had they once believed it in, and so fervently?"

Margaret Talbot

"The devil in the nursery: Her surreal trial for Satanic abuse revealed America's anxieties about leaving its children with strangers," *The New York Times Magazine*, Jan. 7, 2001.

IT'S ON THE WAY

The Family Survey Update 2001

Please take time to complete it.
This is important.

From Dr. Koop's Website:

"Much of the credit for exposing the repressed memory movement belongs to the False Memory Syndrome Foundation, which many psychotherapists have tried to marginalize as a "perpetrator" interest group. This organization separated the issue of abuse and issues of memory science, assembled erudite American and Canadian memory researchers, and because a significant educational force. Its founder and Executive Director, Pamela Freyd, Ph.D., deserves to have the last word: "We have a whole culture that has accepted the notion that the proof that something happened is that the person forgot it."

Rael Jean Isaac, "Down Pseudo-Memory Lane: 'Repressed Memories' of Sexual Abuse"

http://www.drkoop.com/news/focus/october/repressed_memories.html

FMS is in the language

FALSE MEMORY SYNDROME abbr FMS. The belief that one remembers events, especially traumatic events, that have not actually occurred. Not in scientific use.

The American Heritage Dictionary, 4th Edition, 2000.

FALSE MEMORY SYNDROME: a psychological condition in which a person believes that he or she remembers events that have not actually occurred.

Random House Compact Unabridged Dictionary, Special Second Edition, 1996, Addenda.

FALSE MEMORY SYNDROME: a situation in which examination, therapy or hypnosis has elicited apparent memories, especially of childhood abuse, that are disputed by family members and are often traumatic to the patient.

In the new *Encarta Dictionary* (published by St.Martins, but Encarta is a name owned by Microsoft).

Greetings From Ohio

In Ohio we changed our name from Parents Falsely Accused to: Ohio Association of Responsible Mental Health Practices. We followed the pattern of several other states because it more accurately reflected what we are all about. We now include professionals, siblings, retractors, and more, as well as parents.

The good news is that we are growing smaller in number. This may seem strange as good news, but we hope to eventually put ourselves out of business. At one time there were more than 700 on our mailing list and the two of us would be on the phone every night for hours. We now have 60 regular on our mailing list and only had three new people in 2000. Two of them were people who just discovered us, but had received their accusations years ago.

The bad news is that this type of therapy, which has destroyed so many lives, is still going on and Ohio has not seen fit to pass any laws to stop it for good. At Christmas we received a call, which is one of the most vicious I have heard. The therapist wanted to show up at Christmas dinner and confront the father in front of all the relatives. Even though the mother "gotten wind" of it, many of the relatives had heard and stayed home. It was a horrible holiday for them.

The good news is that we have a few retractors and many returnees in our midst and more coming all the time. The bad news is that many parents are dying without reconciling with their children. One such recent death of one of our loyal supporters shows an all too frequent pattern. At one time she had lost all 5 of her children; when she died in December, four of them were with her, but one had still not returned. In another family, one child returned to find her father had

Alzheimer's and did not know her.

So the sad tales continue and we continue to fight for "responsible mental health practices." Our dream and mission is for every one of the people caught up in this terrible therapy to return to their families and end this nightmare once and for all.

Bob and Carole



Residual of Hurt

We are truly grateful to be among the beneficiaries of the FMS Foundation. The daughter who accused me, her mother, of having abused her sexually as a baby and who alienated herself from us for seven years, has been reconciled with us now for several years. She now has no problem going with us on vacation and sharing hotel accommodations. She never ceases telling us she loves us and she always seems proud to introduce us to her friends, although she has never recanted. I am praying that the residual of my deep hurt will gradually dissipate and not keep manifesting itself in privately criticizing her imperfections to my husband. Our only child still has emotional problems at age 44 enough to sporadically seek counseling. We keep praying for a complete healing in all of us, but praise God for what has already transpired.

Thanks to all of you

A grateful mother of 75 years



An Open Letter to Leo H. Berman, M.D.

As an FMS parent, as well as someone who has successfully sought help through psychiatry, I would like to address your assertion that the FMS Foundation—now that the FMS crisis seems to be on the wane—has lost its focus and turned to psychiatry-bashing. I find that assertion untenable.

The purpose of the Foundation has always been to support the scientific investigation of so-called repressed or recovered memories; to offer a forum for parents who have been accused of

abuse based solely on therapy-induced memories; and to educate professionals and public alike about the irresponsible and destructive nature of recovered-memory therapies. Never has the Foundation wavered from that commitment. It has taken many years and countless hours of hard work and dedication on the part of the FMS Foundation staff and its supporters to inform people about what was happening (and continues to happen) to thousands of unsuspecting parents. And in the meantime, this national disgrace was allowed to continue without censure by any professional organization.

When repressed-memory therapy (RMT) rapidly became an epidemic in the early nineties, the Foundation was alone in its fight against blatant, pseudo-scientific therapies being passed off as scientific fact. Where were the psychiatrists and psychologists who may have privately condemned RMT but who publicly said nothing? (One therapist I know dismisses the whole notion of repressed-memory therapy but does not object when her colleagues continue its practice.) Why would this lack of courage or caring within the mental-health professional community not provoke criticism? Without question, this lack of courage (or non-caring) has damaged the credibility of therapies in general, including psychiatry. How can public confidence in legitimate therapies be restored if not through its members' coming forward and speaking out? What truly baffles FMS parents is how long a psychiatrist such as Dr. Braun, for example, was allowed to continue his practice before being called to account—not by his fellow professionals—but only after being sued by one of his patients.

During a very stressful period of my life I was fortunate to be able to work with a psychiatrist who helped me become strong enough to solve my own problems, rather than looking for someone to blame or to tell me what to do. With that positive experience in

mind, we were very supportive of our daughter's need for professional help in dealing with a life-threatening illness. Of course, you can guess the outcome: our daughter was systematically led to believe that her illness was caused by parental abuse. She has been lost to us now for twelve years. Our case, amplified by thousands, is indicative of the state in which the mental-health field finds itself. It is obviously in serious disrepair. If consumers are to have any confidence at all in available therapies, must there not be some level of professional oversight? Recovered-memory therapy is a venal, destructive, inexcusable practice; or it is not. There is no compromise. I can only fervently hope that more of your colleagues will come to realize that one cannot sit on the fence concerning this issue.

As to your reference to Dr. Paul McHugh,¹¹ I cannot comment on his knowledge or lack of knowledge of Marxism, etc. What I do know is that Dr. McHugh was, from the very beginning, one of the few professionals who unequivocally denounced RMT for what it is.

An FMS Mother

1. Ref: FMSF Newsletter, Jan/Feb 2001, page 11.



"Workshop to Mine Past for Healing"

Headline in the *Arizona Republic*

For \$289 participants can listen to Brian Weiss and find the reason for their problems in their past lives or they can listen to James Van Praagh who will relay messages from deceased loved ones to the living to help them.

Michelle Craig, "Workshop to mine past for healing," *Arizona Republic*, (E), Jan 22, 2001.

If you are concerned about church counseling and would like to help educate clergy, contact

Sherry 763-417-0659

Theophostic Counseling A Danger

In the January newsletter you ask, "Will 2001 be the year when the FMS problem fades sufficiently so that there is no longer a need for the Foundation?" From what we see in many churches, the answer is a dreadful NO.

Theophostic Counseling is gaining great popularity in Christian churches across the nation. People are flocking to training seminars and preachers are promoting it from the pulpit.

Theophostic Counseling is Dr. Ed Smith's eclectic system, which involves regressive therapy, "inner healing," EMDR, visualization and demon deliverance. He claims that God gave this means of healing directly to him, whereby people are helped to go back to the "original lie" embedded in so-called early sexual abuse. In the process counselees must "relive" the "memory." The more intense the abreaction the better. Then they are to listen for whatever "truth" God, Jesus, or some other religious figure tells them.

We have several articles on our web site, which may be helpful to people who would like to know more.

<http://www.psychoheresy-aware.org>

We are grateful for the work you are doing.

Martin and Deidre Bobgan



Churches Face Legal Risks with Counseling

Sawyer v. Midelfort, 595 N.W.2d 423 (Wisc. 1999)

In 1999, the Wisconsin Supreme Court ruled that a counselor could be legally responsible for creating false memories of child abuse.¹² The court concluded that parents could sue a counselor for damages and wrote:

"It is indisputable that being labeled a child abuser is one of the most loathsome labels in society and most often results in grave physical, emotional, pro-

fessional, and personal ramifications. We are quite confident that negligent treatment which encourages false accusations of sexual abuse is highly culpable for the resulting injury."

The Sawyer case, that will be going to trial in Eau Claire, Wisconsin at the end of February,¹² prompted a warning about its implications for church counseling in the November/December publication of *Church Law & Tax Report*.

The Report concludes that churches face a number of legal risks when they offer counseling services by ministers or laypersons. These include negligent selection, retention, or supervision of a counselor who engages in sexual misconduct or negligent counseling. A church also may be vicariously liable for a counselor's failure to report child abuse, breach of confidentiality, and breach of a fiduciary relationship. The Report notes:

"This case illustrates the risks assumed by counselors who create false 'memories' of childhood sexual abuse in counselees. When the alleged offender is the counselee's parent, this can have especially devastating consequences, including family alienation and disintegration. In this case, Nancy did not see her parents for the last 10 years of her life, and her parents were not aware of her death for 6 months. Pastors and lay counselors who create such memories in the minds of others must recognize that they are exposing themselves and their churches to astronomical legal damages in the event of a lawsuit, and may be permanently destroying the relationship between the counselee and his or her parents. Church and lay church counselors should strictly avoid this highly volatile and questionable 'therapy', whether licensed or not."

Church Law & Tax Report, Nov/Dec, 2000.

1. See FMSF Newsletters May, 98; July/Aug, 99.

2. Sawyer v. Midelfort, 96CV000381, WI Cir Ct.

Dear FMSF Members,

Eight years and two months after I was arrested and taken from my law office in handcuffs, the State quietly filed a motion dismissing the charges against me. I am a free man. I no longer have to apply for permission from the court to leave my home state, no longer subject to all of the other conditions of my bail. The sword of Damocles no longer hangs over my head. As I rejoice in this wonderful victory, I want to give thanks.

First, I want to thank all of you for having the courage to come forward, to be recognized, and to vigorously deny the false accusations made against you. Hopefully some day all of you will also be acknowledged as people unjustly accused of horrible acts.

Second, I also want to thank Pam, the FMSF staff, Drs. Barden, Grove, Loftus, McHugh, Ofshe, Piper, and Pope, and too many others to list here for crucial help in my battle. In my view this struggle is a war, and we, working together, are the liberating army.

Promise yourselves and me that you will persevere in the fight and that, when your ordeal is over, you will continue to support this great organization.

Jack Quattrocchi
Feb 16, 2001



No More Overtures.

There has been considerable difference of opinion in previous letters in this section, as to how a parent should react to a daughter's continuing estrangement. I have vacillated over the years and have recently taken a stand that may or may not be appropriate in others' minds, but is working in mine.

It was in July 1988 that two daughters decided, based upon their study of *The Courage to Heal* — that they had been sexually abused by me, their father, over a period of years. My wife

State v Quattrocchi Summary

by Jack Quattrocchi

In 1980 I dated a woman for a year or so. She had a troubled daughter, Jodi, whom I befriended and kept in touch with even after her mother and I broke up. In 1981, I began dating Terry, the woman I later married. With Terry's knowledge and approval, we continued to attempt to help Jodi.

In 1988, while in a psychotic state, Jodi attacked her mother with a pair of scissors and was taken by rescue to a hospital. Jodi was subsequently diagnosed as bi-polar, and placed on lithium and antipsychotics. Through her mother's HMO, Jodi was given psychotherapy with an RN who had no training in the field of psychology. Jodi continued to deteriorate.

In the spring of 1992, Jodi stopped taking her medications and was admitted to a psychiatric hospital. She was placed in a locked ward and given "women's issues" group therapy. There she was encouraged to experience her first "flashback." Upon her release she resumed her psychotherapy with the RN who pushed her to do "memory" work. After months of leading therapy, Jodi vaguely "remembered" early childhood abuse by me.

There were no specifics so, at the behest of the local police, she put on a "wire" and confronted me at my office. When I denied her general allegations and did not fill in the blanks for her, she became enraged and left. The police told her that at this point there was not a case against me. The Attorney General then incredibly wrote a letter outlining in detail the "memories" she would have to recover in order to have a chargeable offense. In a matter of months, with the help of the RN, Jodi recovered "memories" of horrible, criminal abuse over a decade earlier.

In December of 1992, I was charged with two felony assaults and arrested. Since the charges were fantastic (not to mention false), I resisted several offers of a plea deal and went to trial. The case was heard in 1994. My first trial, with what I thought was a favorable jury, ended in a mistrial. The second trial resulted in my conviction. At my sentencing I maintained my innocence, refused any offer of a light sentence in exchange for giving up my appeal, and was sentenced to 60 years, 40 to serve. I was 51 at the time.

In 1996 I won my appeal and was granted a new trial. Most important, the Rhode Island Supreme Court said that I was entitled to a "Gatekeeping" or "Daubert" hearing on the reliability of recovered memory therapy and the reliability of the "flashback" memories. In 1998, with research from the FMSF and help from several wonderful lawyers led by Chris Barden, we destroyed the State's experts. When our turn came, we presented Drs. Grove, Loftus, McHugh, and Ofshe. Judge Clifton, the trial judge was visibly impressed.

In early 1999, Judge Clifton rendered a 31-page decision in which he found that the State had not carried its burden of proving that recovered memory therapy was scientific. He also ruled that the therapy Jodi received was unreliable.

The state's case was gutted, but rather than concede, the State filed some more motions and asked the judge to reconsider. In January 2001, Judge Clifton again found that the scientific standards were not met and therefore recovered memory therapy was scientifically unreliable. He went on to rule that the products of that therapy, Jodi's "memories," were also unreliable.

Jodi had no bad memories of me except the ideas she got through therapy so there was now no case to prosecute. On February 16th, 2001, eight years and two months after I was arrested, the State dismissed all charges against me.

and I knew this was total nonsense and were so hurt and perplexed that we didn't know what to do. I first went to a therapist for help, only to find that she believed *The Courage to Heal* was the answer to women's prayers. So much for counseling. We were finally referred to FMSF, where we found many answers, a great deal of sound advice, most of which we have followed, and years of friendly support, for which we are eternally grateful.

Both these daughters are intelligent, educated women, now 49 and 52 years of age. The older one lives locally and we eventually prevailed upon her to have dinner with us one evening, but she was cold and distant and there has been no contact since. Over the years I have faithfully sent them both loving birthday and other holiday greetings, along with appropriate gifts, none of which were ever acknowledged.

Meanwhile I have several stepchildren, some of whom I raised from infancy, who are loving and attentive and with whom I have continuing fine relationships. While I still miss my own daughters and often remember their childhood, their growing up years and my hopes for adult relationships with them, after thirteen years I have pretty well learned to live without them. So beginning with this Christmas, for the first time I did not send greetings or gifts.

I am now 76 years old. I will be receptive to any overtures they may make, but I will make no more myself. Now it is up to them. What a sad conclusion to a lifetime of hope.

A disappointed but resolved father.



BE ON THE LOOKOUT

**Family Survey
Update 2001**

**PLEASE HELP AND
RETURN IT QUICKLY**

NEW JERSEY New Group Forming

A new family group has recently formed in Northern New Jersey. If you are interested in attending, please contact

Michael at 212-481-6655

ESTATE PLANNING

If you have questions about how to include the FMSF in your estate planning, contact Charles Caviness 800-289-9060. (Available 9:00 AM to 5:00 PM Pacific time.)

BRUCE PERKINS

In the July/August newsletter we wrote about the auction of paintings by Bruce Perkins at the April FMSF conference in White Plains. Bruce resides in a Texas prison because of RMT therapy. He wanted to make a contribution to the Foundation in the only way that he could.

For those of you who were not able to be present at the conference, you can now see Bruce's work on a new website.

<http://www.people.txucom.net/bperkins/>

You can learn more about Bruce's case by reading his story written by Eleanor Goldstein and Mark Pendergrast at

<http://www.ultranet.com/~kyp/perkins.html>

**Did you move?
Do you have a new area code?
Remember to inform the
FMSF Business Office**

Legal Websites of Interest

www.findlaw.com

www.legalengine.com

www.accused.com

OHIO Educational Forum Free of Charge Open to the Public

False Memories: the Science Behind the Syndrome

presented by

Mark Pendergrast

author, investigative journalist

April 9, 2001 7:00 PM

Medina Sr. H.S. Lecture Hall
777 E. Union St, Medina, OH

April 10, 2001 7:00 PM

Wooster H.S. Performing Arts Ctr.
515 Oldman Rd., Wooster, OH

Sponsored by

Community Awareness Project

Contact: Kathy Begert

**Back issues of the FMSF Newsletter
to March, 1992, the start of FMSF,
are available at www.FMSFonline.org**

Web Sites of Interest

www.StopBadTherapy.com

Contains phone numbers of professional regulatory boards in all 50 states

www.IllinoisFMS.org

Illinois-Wisconsin FMS Society

www.afma.asn.au

Australian False Memory Association.

www.bfms.org.uk

British False Memory Society

www.geocities.com/retractor

This site is run by Laura Pasley (retractor)

www.geocities.com/therapyletters

This site is run by Deb David (retractor)

www.sirs.com/uptonbooks/index.htm
Upton Books

www.angelfire.com/tx/recovered-memories/

Having trouble locating books about the recovered memory phenomenon?

Recovered Memory Bookstore

www.heritagetheater.com

Information about the play "Denial"

CONTACTS & MEETINGS - UNITED STATES

ALABAMA

Montgomery
Marge 334-244-7891

ALASKA

Kathleen 907-337-7821

ARIZONA

Tucson
Pat 623-825-5120

ARKANSAS

Little Rock
Al & Lela 870-363-4368

CALIFORNIA

Sacramento
Joanne & Gerald 916-933-3655
San Francisco & North Bay - (bi-MO)
Charles 415-984-6626(am);
415-435-9618(pm)

San Francisco & South Bay

Eric 408-245-4493

East Bay Area

Judy 925-376-8221

Central Coast

Carole 805-967-8058

Central Orange County

Chris & Alan 949-733-2925

Covina Area - 1st Mon. (quarterly)

@7:30pm

Floyd & Libby 626-330-2321

San Diego Area

Dee 760-941-4816

COLORADO

Colorado Springs

Doris 719-488-9738

CONNECTICUT

S. New England -

Earl 203-329-8365 or

Paul 203-458-9173

FLORIDA

Dade/Broward

Madeline 954-966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO) @1pm

Helen 561-498-8684

Central Florida - Please call for mtg. time

John & Nancy 352-750-5446

Sarasota

Francis & Sally 941-342-8310

Tampa Bay Area

Bob & Janet 727-856-7091

GEORGIA

Atlanta

Wallie & Jill 770-971-8917

ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen 847-985-7693 or

Liz & Roger 847-827-1056

Peoria

Bryant & Lynn 309-674-2767

INDIANA

Indiana Assn. for Responsible Mental

Health Practices

Nickie 317-471-0922; fax 317-334-9839

Pat 219-489-9987

IOWA

Des Moines - 1st Sat. (MO) @11:30am

Lunch

Betty & Gayle 515-270-6976

KANSAS

Wichita - Meeting as called

Pat 785-738-4840

KENTUCKY

Louisville - Last Sun. (MO) @ 2pm

Bob 502-367-1838

MAINE

Rumbold -

Carolyn 207-364-8891

Portland - 4th Sun. (MO)

Wally & Bobby 207-878-9812

MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank 978-263-9795

MICHIGAN

Grand Rapids Area - 1st Mon. (MO)

Bill & Marge 616-383-0382

Greater Detroit Area -

Nancy 248-642-8077

Ann Arbor

Martha 734-439-8119

MINNESOTA

Terry & Collette 507-642-3630

Dan & Joan 651-631-2247

MISSOURI

Kansas City - Meeting as called

Pat 785-738-4840

St. Louis Area - call for meeting time

Karen 314-432-8789

Springfield - 4th Sat. Apr. Jul, Oct

@12:30pm

Tom 417-753-4878

Roxie 417-781-2058

MONTANA

Lee & Avone 406-443-3189

NEW JERSEY

Sally 609-927-5343 (Southern)

Nancy 973-729-1433 (Northern)

NEW MEXICO

Albuquerque - 2nd Sat. (bi-MO) @1 pm

Southwest Room - Presbyterian Hospital

Maggie 505-662-7521(after 6:30pm) or

Sy 505-758-0726

NEW YORK

Manhattan

Michael 212-481-6655

Westchester, Rockland, etc.

Barbara 914-761-3627

Upstate/Albany Area

Elaine 518-399-5749

NORTH CAROLINA

Susan 704-538-7202

OHIO

Cincinnati

Bob 513-541-0816 or 513-541-5272

Cleveland

Bob & Carole 440-356-4544

OKLAHOMA

Oklahoma City

Dee 405-942-0531 or

Tulsa

Jim 918-582-7363

OREGON

Portland area

Kathy 503-557-7118

PENNSYLVANIA

Harrisburg

Paul & Betty 717-691-7660

Pittsburgh

Rick & Renee 412-563-5509

Montrose

John 570-278-2040

Wayne (includes S. NJ)

Jim & Jo 610-783-0396

TENNESSEE

Nashville - Wed. (MO) @1pm

Kate 615-665-1160

TEXAS

Houston

Jo or Beverly 713-464-8970

El Paso

Mary Lou 915-591-0271

UTAH

Keith 801-467-0669

VERMONT

Mark 802-872-0847

VIRGINIA

Sue 703-273-2343

WASHINGTON

See Oregon

WISCONSIN

Katie & Leo 414-476-0285 or

Susanne & John 608-427-3686

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA

Vancouver & Mainland

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Deadline for the MAY/JUNE
Newsletter is April 15. Meeting
notices **MUST** be in writing and sent
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